10717756

DATES AND ICATION FOR DESCRIPTION RECO								1	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								101717,756					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TC	TAL CLAIMS	M _						RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		9	BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		· a			X\$ 9=		OR	XS18=		
IND	EPENDENT CI	AIMS	2 minus 3 =		Ø			X43=		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	385	OR	TOTAL		
	CLAIMS AS AMENDED - PART II										OTHER		
la	<u> 40661</u>				(Column 2) (Column 3)			SMALL	. ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 11	Minus	-2	0	= ]		X\$ 9=		OR	X\$18=		
	Independent	. 2	Minus	3	3	-/	Γ	X43=		OR	X86=		
ت	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=		
1 .10								TOTAL			TOTAL ADDIT, FEE		
e	T-2-05	(Column 1)		A	DOIT. FEE	: <b></b>		ADUII. PEE					
AMENDMENT B	00	CLAIMS		(Colum	EST	(Column 3)			ADDI-	1		ADDI-	
	•	REMAINING AFTER	:	NUMI PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
		AMENDMENT		PAID		EXIA	l L		FEE			FEE	
	Total	• //	Minus	- 6	20	. 5	H	X\$ 9=		OR	X\$18=		
	Independent	• 3	Minus	***	3			X43=	_	OR	X86≖		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [	+145=	-	OR	+290=		
								TOTAL		OR	TOTAL ADDIT, FEE		
		(Astrono 4)	OOIT. FEE			AUUII. FEEL							
		(Column 1)		(Colum		(Column 3)			TARRE			400	
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID	BER XUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus			•		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		*		X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
	The Highest Nur	ber Previously Pai	d For (Total o	Independe	ent) is the	highest number	r touri	d in the ap	ppropriate bo	in col	umn 1.		